

CLAIMANT'S NAME			SOCIAL SECURITY NUMBER*		DEPARTMENT	
Stephen M. Hardy			On-File			
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Director			Headquarters			5000
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE)			TELEPHONE NUMBER
			3927 Lennane Drive			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
	CA		Sacramento	CA	95834	

(1)MONTH/YEAR		(3) <b>LOCATION</b>  WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
Jun-09				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C)  CARFARE, TOLLS, PARKING	(D)  PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
06/13	0600	Sacto CA to Nashville TN	231.85		10.00	18.00							259.85	
06/14			231.85	6.00	10.00	18.00	6.00						271.85	
06/15			231.85			18.00	6.00						255.85	
06/16			231.85				6.00						237.85	
06/17			231.85		10.00	18.00	6.00						265.85	
06/18	1800	Nashville TN return Sacto CA		6.00	10.00			20.00		90.00			126.00	
(10) SUBTOTALS			1,159.25	12.00	40.00	72.00	24.00	20.00		90.00			1,417.25	
CLAIM TOTAL												\$1,417.25		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS *(Attach receipts/vouchers when required)*

June 13-18, 2009 attended the NCSLA 2009 Annual Conference

(12) NORMAL WORK HOURS	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
0800-1700											
(13) PRIVATE VEHICLE LICENSE No.											
(14) MILEAGE RATE CLAIMED											
0.505											
AGENCY ACCOUNTING											
OFFICE USE ONLY											
PAID BY REV. FUND CHECK No.											
TOTALS						TOTALS					

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)

DATE \_\_\_\_\_